

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Witt	Robert	M.	973-1535
MAILING ADDRESS (Street)			FAX
1585 Kapiolani Blvd., #1212; Ala Moana Pacific Center			973-1545
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Association of Independent Schools			973-1535
MAILING ADDRESS (Street)			FAX
1585 Kapiolani Blvd., #1212; Ala Moana Pacific Center			973-1545
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	

### PART II ORGANIZATION

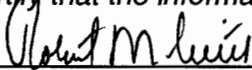
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE 973-1535	
Hawaii Association of Independent Schools		
MAILING ADDRESS (Street)	FAX 973-1545	
1585 Kapiolani Blvd., #1212; Ala Moana Pacific Center		
(City)	(State)	(Zip Code)
Honolulu	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 973-1535	
Robert M. Witt		
MAILING ADDRESS (Street)	FAX 973-1545	
1585 Kapiolani Blvd., #1212; Ala Moana Pacific Center		
(City)	(State)	(Zip Code)
Honolulu	HI	96814

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Agriculture                              | <input checked="" type="checkbox"/> Education            | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs                | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input type="checkbox"/> Health                          | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                         | <input type="checkbox"/> Public Safety & Corrections                        |   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*



1/10/2005

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Robert M. Witt

Executive Director

NAME OF ORGANIZATION (if applicable)

Hawaii Association of Independent Schools

TELEPHONE

973-1535

MAILING ADDRESS (Street)

1585 Kapiolani Blvd., #1212; Ala Moana Pacific Center

FAX

973-1545

(City)

(State)

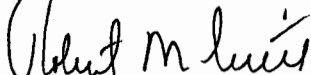
(Zip Code)

Honolulu

HI

96814

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*



1/10/05

(Signature of Authorizing Officer or Person Represented)

(Date)